

CARE AND SOCIAL SERVICES INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
CARE HOMES FOR OLDER PEOPLE**

Madog Nursing Home

Garth Road
Porthmadog
LL49 9BN

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CARE AND SOCIAL SERVICES INSPECTORATE WALES

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Registered manager:	Jill Vanessa Jones
Number of places:	44
Category:	Care Home Nursing - Older
Dates of this inspection episode from:	to:
Dates of other relevant contact since last report:	
Date of previous report publication:	
Inspected by:	Nigel Wyn Williams
Lay assessor:	

INTRODUCTION

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

OVERALL VIEW OF THE CARE HOME

The Madog Care Home is purpose built and is registered to provide accommodation together with personal and nursing care for up to forty four older persons.

Accommodation is provided within thirty eight single and three double rooms all with en-suite facilities.

There was one vacancy on the day of the inspection visit.

The home is located in an elevated position close to the centre of the town of Portmadog. The home's elevated position provides panoramic views of the surrounding countryside and the Snowdonia mountain range beyond.

This is the second inspection of The Madog following the reform of regulation and the adoption of a proportionate approach to inspection. The report focuses on the outcomes of the service for the service users and is therefore written from the service users' perspective.

The Registered Person was asked to complete a self-assessment document allowing them the opportunity to give an objective view reflecting the quality of the service provided, areas of achievement and those for development. This document forms the basis for the focus of this inspection. In addition to this information, the inspector considered the requirements and recommendations made following the last inspection of the home and other sources of information held on file relating to the home. Following consideration of all this information, the inspector developed an inspection plan that outlined the methods and focus of the inspection. In accordance with the aims of the reform, the focus has been on the service users' perspective of the provision, core policies/procedures, staff recruitment, training and supervision and the quality assurance methods.

The inspector used a combination of inspection methodology that included:

- Case tracking the care of service users identified by the providers as willing to participate in the inspection process
- Discussions with service users and visitors
- Direct testing of the documentation held at the home
- Use of staff questionnaires
- Use of relatives/representatives questionnaires
- Observation of the interactions between staff and service users during one unannounced visit to the home.

As the inspector was unfamiliar with the layout of the home, the opportunity was taken to view all of the accommodation during this inspection. The accommodation was found to be in a good state of repair, well decorated, comfortably furnished, clean and tidy and free from any undesirable odours.

The service users and their representatives who took part in the inspection process were complimentary of the staff and the service provided at The Madog. The service users confirmed that they are offered choice in their daily lives and that they are treated with dignity and respect by the staff.

Documentation relating to the admission of service users showed that the manager or

another designated member of staff undertakes an assessment of need prior to individuals being offered a place at The Madog. Admissions are arranged on a trial basis. Each service user has a plan of care, or service user plan, which is reviewed on a monthly basis or more frequently if the need arises.

The care home's development plan for the next twelve months (as identified in the self-assessment document) is to renew the carpets on the ground floor, decorate the dining room and the lounge, purchase another hoist, replace the bath on the 1st floor and renew all the bedroom carpets.

Staff training is ongoing with a number of staff identified as having gained or working toward the National Vocational Qualification in care.

A Protection of vulnerable adults investigation was undertaken near to the time of the last inspection of the home. As a result of the investigation, arrangements were made to increase the frequency of staff supervision and visits to the home by the Responsible Individual. This has had a positive effect on the provision of care within the home with no further issues being referred to CSSIW. The manager has dealt with two complaints under the home's own procedures since the date of the last inspection.

The inspector would like to thank the management, staff, service users and their families for their co-operation during this inspection.

CHOICE OF HOME

Inspector's findings:

The home has a statement of purpose which accurately reflects the service offered.

A comprehensive service user guide is available which provides sufficient information for prospective service users and their relatives or representatives make an informed choice about where to live.

It was confirmed during discussions that the registered manager or another suitably qualified, designated member of staff undertakes an assessment of the prospective service user prior to admission to the home.

Prospective service users and/or their representatives are invited to visit the home beforehand in order to view the facilities and to meet the staff and existing service users.

A trial period of stay is offered.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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PLANNING FOR INDIVIDUAL NEEDS AND PREFERENCES

Inspector's findings:

A sample of four service users' files were inspected in detail, with the prior consent of the service user or their representative, as part of the case tracking process.

From the files inspected it is evident that each service user had received a pre-admission assessment providing a basis for the care to be delivered. From this assessment a plan of care, or service user plan, has been developed. The plans provide complete details of the action that needs to be taken by staff in order to ensure that all aspects of the individual's health, personal and social care needs are met.

A monthly review and assessment of specific risks is carried out by the care staff and recorded in the care files. These records included assessments of risk with regards the development of pressure sores, mobility, falls and nutrition.

The plans viewed were consistent with those drawn up by the funding authorities.

It was confirmed through discussions that the service users and/or their representatives are involved in the care planning process. This was further confirmed in questionnaires completed by the service users' representatives.

The home maintains all other records required by regulation.

All information of a personal nature relating to service users and staff is securely stored.

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Good practice recommendations:

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QUALITY OF LIFE

Inspector's findings:

Completed questionnaires received prior to the inspection visit confirm that service users are able to exercise choice in all aspects of their daily lives. This includes choice of food, when to get up or go to bed, where to sit and whether or not to participate in organised activities.

Feedback from the relatives/representatives questionnaires confirms that the staff treat the service users with respect and dignity. The inspector was able to confirm this during discussions with the service users and through observation of the interaction between staff and service users during the course of the inspection visit.

There is a programme of activities on offer and those participating in the inspection commented favourably on the activities organised by the home. The service users' individual social interests are identified during the pre-admission assessment and the programme of activities is provided by an 'activities co-ordinator', employed by The Madog, who attends the home twice a week. Notice of programmed activities is available on the notice board in the front foyer.

The home has a minibus which is used to transport service users on outings.

The home has a fully equipped hairdressing salon. A hairdresser attends the home on a weekly basis and was present on the day of the inspection visit with a number of service users seen availing themselves of her services.

Religious services are held in the home every six to eight weeks.

It was observed during the visit that service users are able to receive visitors at any time. Visitors spoken with during the inspection visit and those that completed the written questionnaires stated that they are always made to feel welcome at the Madog.

It was also observed during the inspection visit that service users are able to entertain visitors in the privacy of their own room or one of the communal lounges.

A record of all visitors to the home is maintained in the 'visitors book' located in the main entrance hallway.

The home has a policy relating to confidentiality and respecting confidentiality is a condition of employment, any breach is treated as a disciplinary matter.

Records of a personal nature are securely stored.

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Good practice recommendations:

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QUALITY OF CARE AND TREATMENT

Inspector's findings:

As the inspector was unfamiliar with the layout of the home, the opportunity was taken to view the whole accommodation during this inspection.

Accommodation is offered within thirty eight single and three double rooms all with en-suite facilities.

Staff were seen to respect service users' privacy by knocking on doors and awaiting a reply before entering bedrooms.

The service users were seen to be well cared for in their appearance.

Policies and procedures are in place to ensure that care and comfort is given to service users who are dying and specific wishes in the event of death are documented in the service users' plans.

Where practicable, service users are able to retain the services of their own General Practitioner. Those who have moved into the area are registered with one of the local medical practices. Psychiatrists, Community Psychiatric Nurses, the Tissue Viability Specialist Nurse, the Dietician and Physiotherapist visit the home as required.

Residents also have access to other community health care facilities: appointments are arranged either at the home or at respective clinics within the community.

Written policies and procedures are in place at the home to promote and protect the health, safety and welfare of the service users.

As previously mentioned, detailed records are maintained in respect of those service users who are nutritionally compromised, at risk of falls and the Waterlow system is used to assess those who have developed or who are at risk of developing pressure damage. The incidence of pressure damage, their treatment and outcome are recorded in the service users' individual care plan. A record of wound care is maintained at the home, there was evidence of recent referrals for specialist care and advice from the tissue viability specialist nurse.

Medication management was not inspected in detail during this inspection. However, it is known that the registered person has produced a policy / procedure for the receipt, recording, storage, handling, administration and disposal of medicines.

A review of the medicine management was recently undertaken by the Gwynedd Local Health Board Practice Pharmacists. As a result of this the registered person worked closely with the LHB to review the home's medicines management system.

The home operates a three week rotational menu. Service users spoken with during the course of the inspection were complimentary of the meals provided and choice available and questionnaire responses rated the quality, choice and quantity of meals as very good. A record of the meals provided is maintained, and as required during last year's inspection, detailed records of any alternatives to the main meal are maintained.

The provider's self assessment documentation submitted prior to the inspection contained information relating to the technical certificates and testing regimes in the home confirming compliance with requirements.

The registered manager confirmed that there is a fire risk assessment in place.

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Good practice recommendations:

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STAFFING

Inspector's findings:

The information provided as part of the self assessment documentation shows that the registered manager strives to ensure that sufficient staff are on duty at all times in order to maintain the health and welfare of the service users.

The staffing rota shows that there are six care assistants on duty between 07.00 – 14.00; five care assistant 14.00 – 19.30; four care assistants 19:30- 07.30. There is at least one registered nurse on duty over the twenty four hour period. Catering and domestic staff are also employed. The registered manager is considered supernumerary to the care staff. This allows her sufficient time to ensure the effective running of the home and to attend to administrative duties. The registered manager or one of the two senior registered nurses provide on call cover for the home.

Documentation in relation to staff employed at the home showed that procedures are in place to ensure that required 'fitness' checks, that include a Criminal Record Bureau (CRB) Disclosure Certificate, are carried out on all prospective employees. The inspector viewed the files of all those staff members employed since the last inspection confirming that all required checks are undertaken.

The six week programme of induction for new staff is designed to lead into National Vocational Qualification studies. The Registered Manager confirmed that the induction programme is linked into the Care Council's induction framework.

The percentage of staff currently employed at The Madog holding or working towards the National Vocational Qualifications is in accordance with the required 50%.

In addition to NVQ training, staff also undertake training relevant to the specific care needs of the service users.

Staff receive formal supervision every month. The responsibility for supervising care staff has been delegated to the trained nurses with the Registered Manager responsible for the supervision of the trained staff. A system of clinical supervision has been implemented. The process includes an element of supervised practice.

Service users and their relatives/representatives participating in the inspection made very positive comments in regards to the staff and remarked on the friendly and homely atmosphere of the home.

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Good practice recommendations:

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CONDUCT AND MANAGEMENT OF THE HOME**Inspector's findings:**

The home is owned by Madog Nursing Home Ltd. The Responsible Individual is Mr Andrew Paynter. The Registered Manager is Mrs Jill Jones.

Mr Paynter conducts quality monitoring visits to the home as required under Regulation 27 and produces a report on his findings. A copy of Mr Paynter's report on his visit to the home on the 21st of June 2007, was presented as part of the self assessment documentation. The report confirms that Mr Paynter seeks the views of service users and the staff as part of his audit. In addition to this, six monthly quality monitoring systems have been introduced based on seeking the views of service users. The manager was in the process of collating the information gathered as a result of the most recent audit.

Inspection of the accident records identified that a record of incidents/ falls sustained by the service users is maintained. As suggested during the last inspection an audit of falls is now undertaken identifying any pattern and risk and, where possible, eliminating any risks in order to reduce the occurrences.

The system for handling service users' finance was not reviewed during this inspection episode.

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CONCERNS, COMPLAINTS AND PROTECTION

Inspector's findings:

The home has a written complaint procedure which is included within the service user guide. The procedure needs to be updated in order to take account of the new Regulations and in particular the time period within which complaints are responded to i.e 14 days as opposed to 28 days.

Service users and their relatives/representatives participating in the inspection process confirmed that they were aware of the home's complaints procedure and feedback from the postal questionnaires returned relatives/representatives indicated that concerns/complaints are taken seriously and responded to appropriately. Service users spoken with confirmed that they would be confident to approach the management with a concern or complaint.

Written procedures on the action to take in the event of the abuse or suspected abuse of service users are available in the home. The management is familiar with the North Wales Procedure for the Protection of Vulnerable Adults. The manager confirmed that staff have received training, from the Local Health Board, on the protection of vulnerable adults although this is not reflected in the information provided within the self assessment.

A Protection of vulnerable adults investigation was undertaken near to the time of the last inspection of the home. As a result of the investigation, arrangements were made to increase the frequency of staff supervision and visits to the home by the Responsible Individual. This has had a positive effect on the provision of care within the home with no further issues being referred to CSSIW.

The manager has dealt with two complaints under the home's own procedures since the date of the last inspection.

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New requirements from this inspection:

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Good practice recommendations:

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THE PHYSICAL ENVIRONMENT

Inspector's findings:

The Madog Care Home is purpose built and is registered to provide accommodation together with personal and nursing care for up to forty four older persons.

Accommodation is provided within thirty eight single and three double rooms all with en-suite facilities.

The home is located in an elevated position close to the centre of the town of Portmadog. The home's elevated position provides panoramic views of the surrounding countryside and the Snowdonia mountain range beyond.

The whole of the accommodation was viewed during this inspection.

The interior of the home was found to be well furnished and maintained to a high standard.

There is a rolling programme of refurbishment.

Accommodation is provided on three floors and service users have access to all parts of the communal and private accommodation through the provision of ramps and a passenger lift. In addition there are aids and equipment to promote service users' independence and mobility that include mobile hoists and handrails in corridors and toilet areas.

The home has one small lounge for quiet activities, a large sun lounge and a large dining room. Furniture in the communal areas is comfortable and of good quality.

Service users' own rooms were found to be clean and tidy with no undesirable odours evident.

Service users' rooms were seen to contain personal items of furniture and memorabilia.

Toilet, washing and bathing facilities are provided in sufficient numbers on all floors.

Sluices are also provided.

The laundry area was viewed. All appliances were in working order.

Procedures are in place for the control of infection.

The exterior of the home, to include the front and rear patio areas and car park were seen to be in good order and free from hazards.

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Good practice recommendations:

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